

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075122

FILED
Apr 28, 2008
Secretary of State

Entity Name: ALL FLORIDA STRUCTURES INC:

Current Principal Place of Business:

901 NORTH POINT PARKWAY
SUITE # 117
WEST PALM BEACH, FL 33407

New Principal Place of Business:

1029 20TH STREET
WEST PALM BEACH, FL 33401

Current Mailing Address:

P.O. BOX 210905
WEST PALM BEACH, FL 334210905

New Mailing Address:

931 VILLAGE BLVD
905-395
WEST PALM BEACH, FL 33409

FEI Number: 65-0944287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, TADD W
901 NORTH POINT PARKWAY
SUITE # 117
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

JONES, TADD W
1029 20TH STREET
WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TADD W. JONES

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: JONES, TADD W
Address: 901 NORTH POINT PARKWAY # 117
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: JONES, TADD W
Address: 901 NORTH POINT PARKWAY # 117
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: JONES, TADD W
Address: 1029 20TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change () Addition
Name: JONES, TADD W
Address: 1029 20TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TADD W. JONES

PST

04/28/2008

Electronic Signature of Signing Officer or Director

Date